

12 March, 2002

CONSENSUS STATEMENT of the Epidaurus Project on Patient-centered Medicine

PART I: GENERAL STATEMENT

The Institute of Medicine has defined high-quality health care as care that is safe, effective, timely, efficient, equitable, and patient-centered. Some of these parameters are well understood, with defined standards to measure the performance of institutions, but others require further clarification. The Epidaurus inquiry asks: What does “patient-centered medicine” mean, and what standards of clinical design and process might measure its realization? The goal of the Epidaurus effort is two-fold: 1) the articulation of a set of general operating principles that can be broadly applicable in the design of health care delivery systems; and 2) more specific guidelines that may be applicable to the design of individual facilities.

We believe that “patient-centeredness” in health care revolves around 4 key principles:

- I. The integrity of the clinical encounter,
- II. Empowerment of the patient,
- III. The relief of suffering, and
- IV. The promotion of health and wellness.

This emphasis on the primacy of the patient, which grows from the very purpose of the clinical encounter, does not mean that other interests are unimportant. Issues of rationing and commercial development may warrant consideration. Within the clinic itself, the professional needs of staff are of great importance. Healing is a beneficent relationship from which benefits flow to all parties. Clinic designs must provide for professional development and for the needs of all staff to be of service, to be recognized, and to develop creativity and competence. A care facility should support the training and education of healers, particularly their exposure to paradigms beyond traditional “disease-focused” models. All these interests, however, are ultimately subordinate to the welfare of the patient, because that is the organizing principle of the entire health care endeavor.

I. The integrity of the clinical encounter is based upon the hopes and expectations of both participants, the caregiver and the patient. For the patient, the meaning of the clinical encounter is an interaction with a healer in hopes of being healed. The integrity of the encounter is based upon:

- A recognition that the patient has many dimensions and concerns, including physical, spiritual, social, and cultural;
- In seeking care, the patient needs a commitment from the caregivers of benevolence, sensitivity, and focus on the goals and welfare of the patient;
- The caregivers must be recognized as persons of special expertise, position, and responsibilities;

- The care setting must be designed to optimize the ability of healers to provide care and of patients to receive it.

The relationship that results is covenant-based rather than contractual: it binds both parties in a long-term continuous connection whose purpose is the welfare of the patient. The principles of a covenantal relationship are inherently not commercial or financial in nature, rather the relationship is based on the shared commitment to serve the patient's goals and welfare. This relationship is necessarily defined by continuity of care, access to consultation, and adequate time with the patient.

II. Empowerment of the patient is the second major aim supported by the Epidauros Project. The behavior of individuals changes when they are cast in the role of patient. Becoming a patients means, among other things, to give oneself over to a caretaker, to acknowledge one's neediness and dependence, and to act out of fear and worry rather than at a high cognitive level. These facts are significant contributors to the asymmetry of the patient/health system relationship. The caregiver must mobilize all resources as an advocate for the patient, thereby enabling the patient to seek and receive optimal care.

In this context, the following principles can be articulated:

- The goals of therapy should be defined by, or in close consultation with, the patient.
- The care given should be safe.
- The setting of health care should be on a human scale and should be easily accessed, navigated, and influenced by the patient.
- The health care interview should allow for the full evaluation of the patient as a complete person,
- Therapeutic interventions should address all aspects of living.
- Information flow should be transparent, accessible to all parties.

This constellation of features is what is meant by "empowerment of the patient".

III. The third Epidauros principle is the relief of suffering. Suffering is a subjective experience of the patient, perceived as a threat to the essential functioning of a whole person, and may be characterized by isolation and diminished life-activity. Relief of suffering is a universal desire among patients. This can only be achieved by focusing on the unique goals and characteristics of the individual person. To further this aim:

- Care plans should be comprehensive, addressing all aspects of the lives of human beings.
- The patient's life-goals should be found out and translated into a plan of care, with emphasis on the optimization of function.
- Elements of art, beauty, and nature should be incorporated into clinic design, recognizing the patient's status as social and cultural being and a dweller in the natural world.
- Ultimately, the relief of suffering will require customized care, with therapeutic efforts arranged to fit each patient's individual nature and life situation.

IV. Our fourth principle is the promotion of health and wellness. This is defined as optimal functioning of the individual across the full spectrum of life-activity, in terms defined by the patient. Because of the need to treat whole persons, health care is a comprehensive, life-long endeavor. The presence of illness does not alter this equation. Even when disease cannot be eradicated, health can still be promoted in other spheres. The approach to the patient must take more than disease into account, seeking substantive gains in opportunity for the patient.

- Long-term plans of prevention and wellness for each patient should be developed.
- A life-long repository of health information should be created for each patient, accessible both to the patient and to all involved caregivers.
- Screening and intervention for the common causes of chronic disease should begin early and be consistently developed.
- Issues of social functioning, exercise, diet, personal relations, substance overuse, and vocational functioning, as well as disease diagnosis and therapy should be included in the care plan development process.

These principles should be made operational across the entire spectrum of activity, including clinic/hospital design, the process of care delivery, the approach to patient needs, and the roles assigned to caregivers. A provisional list of goals and standards, based on the principles articulated above, is laid out on the following pages. This list is neither exhaustive nor prescriptive. It is an idea set from which caregivers may choose in a way that fits their particular situation.

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